Rec'd PCT/PTO 1 5 FEB 2006

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

> ### METHOD OF PREPARING HALOGENOALKYLDIALKYLCHLOROSILANE

the specification of which (check only one item below):

☐ is attached hereto, and was amended on _____ (if applicable).

☒ was filed as United States application number 10/534,246 on May 10, 2005 and was amended on _____ (if applicable).

☐ was filed as PCT international application number _____ on _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:
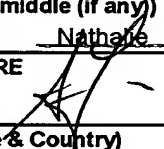
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365(a):

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365(a)
PCT	PCT/FR2003/002301	07/21/2003	☒ Yes ☐ No
FRANCE	02 10146	08/09/2002	☒ Yes ☐ No
FRANCE	03 00284	01/13/2003	☒ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

BURNS DOANE
BURNS DOANE SWECKER & MATHIS LLP

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY AND DESIGN PATENT APPLICATION

Page 1
(6/04)

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:
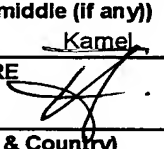
Customer Number **2 1 8 3 9**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR		
GIVEN NAME (first and middle (if any)) Nathalie	**FAMILY NAME OR SURNAME** GUENNOUNI	
INVENTOR'S SIGNATURE	**DATE** 04.08.2005	
RESIDENCE (City, State & Country) Irigny, FRANCE	**CITIZENSHIP** FRANCE	
MAILING ADDRESS (Complete Street Address Including City, State, Zip & Country) La Clairiere, 5, rue de la Fondation Dorothee Petit, F-69540 Irigny, FRANCE		

NAME OF SECOND INVENTOR		
GIVEN NAME (first and middle (if any)) Kamel	**FAMILY NAME OR SURNAME** RAMDANI	
INVENTOR'S SIGNATURE	**DATE** 27.07.2005	
RESIDENCE (City, State & Country) Lyon, FRANCE	**CITIZENSHIP** FRANCE	
MAILING ADDRESS (Complete Street Address Including City, State, Zip & Country) 121, rue Challemel Lacour, F-69008 Lyon, FRANCE		

NAME OF THIRD INVENTOR		
GIVEN NAME (first and middle (if any))	**FAMILY NAME OR SURNAME**	
INVENTOR'S SIGNATURE	**DATE**	
RESIDENCE (City, State & Country)	**CITIZENSHIP**	
MAILING ADDRESS (Complete Street Address Including City, State, Zip & Country)		

BEST AVAILABLE COPY